County: Waukesha WOODLAND HEALTHCARE CENTER 18740 WEST BLUEMOUND ROAD BROOKFIELD 53045 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 204

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	36. 4 49. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4. 6	More Than 4 Years	14. 4
Day Servi ces	No	Mental'Illness (Org./Psy)	9. 2	65 - 74	6. 7		
Respite Care	Yes	Mental Illness (Other)	7. 2	75 - 84	42. 1		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	39. 5	****************	******
Adult Day Health Care	Yes	Para-, Quadra-, Hemi plegic	0. 5	95 & 0ver	7. 2	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No [Fractures	0.0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	14. 9	65 & 0ver	95. 4		
Transportation	No	Cerebrovascul ar	12. 3			RNs	9. 7
Referral Service	No [Di abetes	7. 7	Sex	%	LPNs	8. 2
Other Services	No	Respi ratory	1. 5			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	46. 7	Male	23. 6	Aides & Orderlies	41.0
Mentally Ill	No [Femal e	76. 4		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	rivate	Pay		Manage	ed Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No). %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	7	5. 3	\$119.02	0	0. 0	\$0.00		0. 0	\$0.00	0	0. 0	\$0.00	7	3. 6%
Skilled Care	•		,	117		7	-		,	27			-	100. 0		179	
	۵1	100. 0	\$261. 18	117	88. 0	\$102.35	5		\$102.35								91. 8%
Intermediate				9	6.8	\$85. 68	0	0. 0	\$0. 00	0	0. 0	\$0. 00	0	0.0	\$0. 00	9	4. 6%
Limited Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	21	100.0		133	100. 0		5	100. 0		27	100.0		9	100.0		195	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needing Total Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 2.8 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 7. 7 72.8 19. 5 195 Other Nursing Homes 2. 2 Dressi ng 17.9 62.6 19. 5 195 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 39. 5 93.4 33.8 26. 7 195 30.3 27. 2 195 0.6 Toilet Use 42.6 0.0 Eating 88. 7 5. 1 6. 2 195 ******* Other Locations 1.0 Total Number of Admissions 497 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 7. 2 8. 7 Private Home/No Home Health 15.9 Occ/Freq. Incontinent of Bladder 42.6 0.0 Private Home/With Home Health 11.6 Occ/Freq. Incontinent of Bowel 30. 3 0. 5 Other Nursing Homes 3. 9 1.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 41.7 Mobility 4. 1 Physically Restrained 5. 1 0.4 30.8 0.0 Other Locations 4. 5 Skin Care Other Resident Characteristics 21. 9 4.6 Deaths With Pressure Sores Have Advance Directives 87.7 Total Number of Discharges With Rashes 2.6 Medi cati ons 508 Receiving Psychoactive Drugs (Including Deaths) 52. 3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		0wne	ershi p:	Bed Size:		Li ce	ensure:		
	Thi s		ori etary		00+	Ski l		Al l	
	Facility		Group		Group		Group	Facilities	
	"acrificy	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90. 3	74 . 6	1. 21	80. 3	1. 12	81. 9	1. 10	84. 5	1.07
Current Residents from In-County	43. 1	84. 4	0. 51	84. 7	0. 51	85. 6	0. 50	77. 5	0. 56
Admissions from In-County, Still Residing	6. 4	20. 4	0. 32	28. 9	0. 22	23. 4	0. 27	21. 5	0.30
Admissions/Average Daily Census	243. 6	164. 5	1. 48	96. 3	2. 53	138. 2	1. 76	124. 3	1.96
Discharges/Average Daily Census	249. 0	165. 9	1. 50	100. 6	2.47	139. 8	1. 78	126. 1	1. 98
Discharges To Private Residence/Average Daily Census	68. 6	62. 0	1. 11	26. 4	2. 60	48. 1	1. 43	49. 9	1.38
Residents Receiving Skilled Care	95. 4	89. 8	1.06	88. 4	1.08	89. 7	1.06	83. 3	1. 14
Residents Aged 65 and Older	95. 4	87. 9	1. 09	90. 4	1.06	92. 1	1.04	87. 7	1.09
Title 19 (Médicaid) Funded Residents	68. 2	71. 9	0. 95	73. 5	0. 93	65. 5	1.04	69. 0	0. 99
Private Pay Funded Residents	13. 8	15. 0	0. 92	18. 7	0. 74	24. 5	0. 57	22. 6	0.61
Developmentally Disabled Residents	0. 0	1. 3	0.00	1. 2	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	16. 4	31. 7	0. 52	33. 1	0. 50	31. 5	0. 52	33. 3	0.49
General Medical Service Residents	46. 7	19. 7	2. 37	20. 6	2. 27	21. 6	2. 16	18. 4	2. 53
Impaired ADL (Mean)	40. 9	50. 9	0.80	52. 0	0. 79	50. 5	0.81	49. 4	0.83
Psychol ogi cal `Probl ems	52 . 3	52. 0	1. 01	49. 4	1.06	49. 2	1.06	50. 1	1.04
Nursing Care Required (Mean)	6. 5	7. 5	0. 87	6.8	0. 96	7. 0	0. 93	7. 2	0.91